

Cenla Area Agency on Aging, Inc.

183 C

President

Benjamin L. Sandifer Catahoula Parish P. O. Box 13027, Alexandria, LA 71315-3027 1423 Peterman Drive, Alexandria LA 71301 318-484-2260 or 800-454-9573 Fax 318-484-2266

Vice President

Tom McConnell Winn Parish

December 4, 2020

Secretary

Rachel Breithaupt LaSalle Parish **Ashley Wimberley**

Personal Financial Disclosure Director

Ethics Administration

PO Box 4368

Baton Rouge, LA 70821

Treasurer
Billy Rucker

Concordia Parish

RE: Advisory Opinion

Dear Ms. Wimberley:

Board Members

Roy Alexander Winn Parish Please consider this letter as the formal request from Cenla Area Agency on Aging, Inc. for an Advisory Opinion to review and determine if our Board Members are required to file the Annual Tier 2.1 Personal Disclosure.

Romes Antoine Avoyelles Parish As we discussed, our Board members filed in April 2019 per instruction from the Governor's Office of Elderly Affairs (GOEA). Several days later we received another communication from GOEA stating to hold the filing until we received further instructions. The filings had already been mailed by that time.

Larry Chauvin Concordia Parish

We did not receive further instructions and assumed the matter had been resolved. No further filings were made because we were under the impression our Board as well as other COA/AAA Boards were considered exempt from the requirement.

Oscar Goody Avoyelles Parish

Management and our Board Members will be happy to do whatever is required to allow our organization to continue serving the elderly in the 20 parishes we serve.

Alice Hammond Rapides Parish

If you need additional information, please do not hesitate to contact me.

JoAnn Lamelle Rapides Parish

Sincerely,

Frances McDonald

LaSalle Parish

Billy Nichols, Sr. Grant Parish Joyce Thompson Executive Director

Gary Odom Catahoula Parish

Edwina Ricks Grant Parish Proudly serving Allen, Avoyelles, Catahoula, Caldwell, Concordia, East Carroll, Franklin, Grant, Jackson, LaSalle, Lincoln, Madison, Morehouse, Ouachita, Rapides, Richland, Tensas, Union, West Carroll, and Winn Parishes.



State of Louisiana Office of the Governor Office of Elderly Affairs

April 17, 2019

Council on Aging Directors

Re: Louisiana Board of Ethics personal financial disclosure statements

Dear Directors:

I have spoken with Karen Winfrey, the Director of the Disclosure Division at the Louisiana Board of Ethics. Due to the interpretation of Louisiana statutes, Ethics is currently researching whether every council on aging board member would be required to submit a Tier 2.1 Financial Disclosure Statement.

Until we know otherwise, please instruct your board members **NOT** to complete and submit a disclosure form for Ethics. Either GOEA or Ethics will communicate with them when the determination is made.

Sincerely,

Amanda H. Smith

manda W Mmith

Attorney



State of Louisiana Office of the Governor Office of Elderly Affairs

April 15, 2019

VIA US MAIL AND EMAIL

Councils on Aging Directors

Re: Louisiana Board of Ethics personal financial disclosure statements

Dear Directors:

According to current Louisiana Board of Ethics financial reporting laws, all Council on Aging board members are required to complete the Tier 2.1 Personal Financial Disclosure Statement, which is attached to this letter. These forms must be submitted to the Board of Ethics by May 15th of each year. Please see that each board member gets a copy of this form and is aware of the requirements.

If you have any questions about the form, the Board of Ethics can be reached at (225) 219-5600.

Sincerely,

Amanda H. Smith

manda Womith

Attorney

CENLA Area Agency on Aging, Inc.

Board of Directors Roster 2019-2020

DATE REVISED/UPDATED: 10/22/19 REASON: X ANNUAL MEETING

I CERTIFY THAT THIS IS AN OFFICIAL ROSTER OF THE BOARD OF DIRECTORS AND OFFICERS OF THE

NOV 0 5 2019

Rachel M. Breithaupt		Rockel Ma	Keithaupt 10-31-2019	
Board Secr	etary (Name)	Signature	Date	
NAME: Alexander	Roy		FIRST TERM:	
(Last)	(First)	(M.I.)	From 11/1/11 To 10/31/16	
			(Month/Year) (Month/Year)	
ADDRESS: 311 Cedar Drive			Subsequent TERM (s):	
CITY: Winnfield				
ZIP CODE: 71483			(Month/Year) (Month/Year)	
PHONE #: (318) 628-3643			IF OFFICER, OFFICE HELD:	
AGE: 60+ (X) <u>Yes</u>				
OCCUPATION: Retired				
			FromTo	
NAAC. Duoith	<u> </u>		(Month/Year) (Month/Year)	
NAME: Breithaupt	Rachel		FIRST TERM:	
(Last)	(First)	(M.I.)	From 11/1/14 To 10/31/17	
ADDRESS: 1477 Herbei	t Street	engan di se	(Month/Year) (Month/Year) SECOND TERM:	
SET V- I			From 10/2017 To 10/2020	
ZIP CODE: 71342	nement of the second of the se	and the second of the second s	(Month/Year) (Month/Year)	
-Males Mondrette Personne e reals in Australia e reals and a real contraction of the second contraction and a real contraction.	en e	en e	() , , , , , , , , , , , , , , , , , ,	
PHONE #: (318) 229-6102	2	IF OFFICER, OFFICE HELD:		
AGE: 60+ (X) No	delikasi sasa sasa sasa sasa sasa sasa sasa		Secretary	
OCCUPATION: Teacher (re	tired)			
SP AAAPP AART (CP TO	The state of the s	omeron - recent or recent and a failure for down common our bin abuillability (FM 20-10) of (FM 20)	From 10/19 To 10/20	
			(Month/Year) (Month/Year)	
NAME: Chauvin	Larry	CONTRACTOR	FIRST TERM:	
(Last)	(First)	(M.I.)	From 11/1/14 To 10/2017	
ADDDCC. OA4 BALV Access	_		(Month/Year) (Month/Year)	
ADDRESS: 941 MLK Avenu			SECOND TERM:	
			From 10/2017 To 10/2020	
ZIP CODE: 71373	and the state of t	htter tratation (1998) and a second a second and a second a second and	(Month/Year) (Month/Year)	
PHONE #: (601) 334-1212			IF OFFICER, OFFICE HELD:	
\GE: 60+ (X) Yes		erretus erretu		
OCCUPATION: Coordinato	r – City of Vidalia			
Annual control of the state of		The state of the s	FromTo	
			(Month/Year) (Month/Year)	

NAME: Bordelon	Ray		FIRST TERM:
(Last)	(First)	(M.I.)	From 11/1/14 To 10/31/17
			(Month/Year) (Month/Year)
ADDRESS: 1462 Hwy 1187			SECOND TERM:
CITY: Mansura			From 10/2017 To 10/2020
ZIP CODE: <u>71350</u>			(Month/Year) (Month/Year)
			RESIGNED 10/19
PHONE #: (318) 597-8829		SOUTH LEAD TO CONTRACT ON THE PROPERTY OF THE	IF OFFICER, OFFICE HELD:
AGE: 60+ (X) Yes	- TO THE POTENTIAL AS BEING AND A STATE OF THE POTENTIAL AND A STATE OF TH	100 mm and 100 mm	And programming the state from some described the security of
OCCUPATION: Fireman		occommence of the contract of	
			FromTo
			(Month/Year) (Month/Year)
NAME: Ricks	Edwina		FIRST TERM:
(Last)	(First)	(M.I.)	From 11/1/14 To 10/31/17
			(Month/Year) (Month/Year)
ADDRESS: 1280 Main Street			SECOND TERM:
CITY: Colfax			From 10/2017 To 10/2020
ZIP CODE:71417			(Month/Year) (Month/Year)
PHONE #: (318) 627-5450			IF OFFICER, OFFICE HELD:
AGE: 60+ (X) X			
OCCUPATION: Retired School	ol Principal		
			FromTo
		•	(Month/Year) (Month)
NAME: Goody	Oscar		FIRST TERM:
NAME: Goody (Last)	Oscar (First)	(M.I.)	From 11/1/14 To 10/31/17
	Oscar (First)	(M.I.)	FIRST TERM: From 11/1/14 To 10/31/17 (Month/Year) (Month/Year)
(Last)	(First)	(M.J.)	From 11/1/14 To 10/31/17 (Month/Year)
(Last) ADDRESS: P. O. Box 271	(FIFSC)	(M.L.)	From 11/1/14 To 10/31/17 (Month/Year) (Month/Year) SECOND TERM:
(Last) ADDRESS: P. O. Box 271 CITY: Moreauville	(FIFSE)		From 11/1/14 To 10/31/17 (Month/Year) (Month/Year) SECOND TERM: From 10/2017 To 10/2020
(Last) ADDRESS: P. O. Box 271 CITY: Moreauville	(FIFSE)		From 11/1/14 To 10/31/17 (Month/Year) (Month/Year) SECOND TERM:
(Last) ADDRESS: P. O. Box 271 CITY: Moreauville ZIP CODE: 71355	(FIFSC)		From 11/1/14 To 10/31/17 (Month/Year) (Month/Year) SECOND TERM: From 10/2017 To 10/2020 (Month/Year) (Month/Year)
(Last) ADDRESS: P. O. Box 271 CITY: Moreauville ZIP CODE: 71355 PHONE #: (318) 985-2179	(FIFSE)		From 11/1/14 To 10/31/17 (Month/Year) (Month/Year) SECOND TERM: From 10/2017 To 10/2020
(Last) ADDRESS: P. O. Box 271 CITY: Moreauville ZIP CODE: 71355 PHONE #: (318) 985-2179 AGE: 60+ (X) Yes			From 11/1/14 To 10/31/17 (Month/Year) (Month/Year) SECOND TERM: From 10/2017 To 10/2020 (Month/Year) (Month/Year)
(Last) ADDRESS: P. O. Box 271 CITY: Moreauville ZIP CODE: 71355 PHONE #: (318) 985-2179			From 11/1/14 To 10/31/17 (Month/Year) (Month/Year) SECOND TERM: From 10/2017 To 10/2020 (Month/Year) (Month/Year) IF OFFICER, OFFICE HELD:
(Last) ADDRESS: P. O. Box 271 CITY: Moreauville ZIP CODE: 71355 PHONE #: (318) 985-2179 AGE: 60+ (X) Yes			From 11/1/14 To 10/31/17 (Month/Year) (Month/Year) SECOND TERM: From 10/2017 To 10/2020 (Month/Year) (Month/Year) IF OFFICER, OFFICE HELD: From To
(Last) ADDRESS: P. O. Box 271 CITY: Moreauville ZIP CODE: 71355 PHONE #: (318) 985-2179 AGE: 60+ (X) Yes OCCUPATION: Retired Assis	(First)		From 11/1/14 To 10/31/17 (Month/Year) (Month/Year) SECOND TERM: From 10/2017 To 10/2020 (Month/Year) (Month/Year) IF OFFICER, OFFICE HELD: From To (Month/Year)
(Last) ADDRESS: P. O. Box 271 CITY: Moreauville ZIP CODE: 71355 PHONE #: (318) 985-2179 AGE: 60+ (X) Yes OCCUPATION: Retired Assis	tant Principal		From 11/1/14 To 10/31/17 (Month/Year) (Month/Year) SECOND TERM: From 10/2017 To 10/2020 (Month/Year) (Month/Year) IF OFFICER, OFFICE HELD: From To (Month/Year) (Month/Year) FIRST TERM:
(Last) ADDRESS: P. O. Box 271 CITY: Moreauville ZIP CODE: 71355 PHONE #: (318) 985-2179 AGE: 60+ (X) Yes OCCUPATION: Retired Assis	(First)		From 11/1/14 To 10/31/17 (Month/Year) (Month/Year) SECOND TERM: From 10/2017 To 10/2020 (Month/Year) (Month/Year) IF OFFICER, OFFICE HELD: From To (Month/Year) (Month/Year) FIRST TERM: From 11/2013 To 10/2014
(Last) ADDRESS: P. O. Box 271 CITY: Moreauville ZIP CODE: 71355 PHONE #: (318) 985-2179 AGE: 60+ (X) Yes OCCUPATION: Retired Assis NAME: Hammond (Last)	tant Principal		From 11/1/14 To 10/31/17 (Month/Year) (Month/Year) SECOND TERM: From 10/2017 To 10/2020 (Month/Year) (Month/Year) IF OFFICER, OFFICE HELD: From To (Month/Year) (Month/Year) FIRST TERM: From 11/2013 To 10/2014 (Month/Year) (Month/Year)
ADDRESS: P. O. Box 271 CITY: Moreauville ZIP CODE: 71355 PHONE #: (318) 985-2179 AGE: 60+ (X) Yes OCCUPATION: Retired Assis NAME: Hammond (Last) ADDRESS: P. O. Box 8552	tant Principal		From 11/1/14 To 10/31/17 (Month/Year) (Month/Year) SECOND TERM: From 10/2017 To 10/2020 (Month/Year) (Month/Year) IF OFFICER, OFFICE HELD: From To (Month/Year) (Month/Year) FIRST TERM: From 11/2013 To 10/2014 (Month/Year) (Month/Year) SECOND TERM:
(Last) ADDRESS: P. O. Box 271 CITY: Moreauville ZIP CODE: 71355 PHONE #: (318) 985-2179 AGE: 60+ (X) Yes OCCUPATION: Retired Assis NAME: Hammond (Last) ADDRESS: P. O. Box 8552 CITY: Alexandria	tant Principal		From 11/1/14 To 10/31/17 (Month/Year) (Month/Year) SECOND TERM: From 10/2017 To 10/2020 (Month/Year) (Month/Year) IF OFFICER, OFFICE HELD: From To (Month/Year) (Month/Year) FIRST TERM: From 11/2013 To 10/2014 (Month/Year) (Month/Year) SECOND TERM: From 10/2018 To 10/2021
ADDRESS: P. O. Box 271 CITY: Moreauville ZIP CODE: 71355 PHONE #: (318) 985-2179 AGE: 60+ (X) Yes OCCUPATION: Retired Assis NAME: Hammond (Last) ADDRESS: P. O. Box 8552	tant Principal		From 11/1/14 To 10/31/17 (Month/Year) (Month/Year) SECOND TERM: From 10/2017 To 10/2020 (Month/Year) (Month/Year) IF OFFICER, OFFICE HELD: From To (Month/Year) (Month/Year) FIRST TERM: From 11/2013 To 10/2014 (Month/Year) (Month/Year) SECOND TERM:
(Last) ADDRESS: P. O. Box 271 CITY: Moreauville ZIP CODE: 71355 PHONE #: (318) 985-2179 AGE: 60+ (X) Yes OCCUPATION: Retired Assis NAME: Hammond (Last) ADDRESS: P. O. Box 8552 CITY: Alexandria ZIP CODE: 71306	tant Principal		From 11/1/14 To 10/31/17 (Month/Year) (Month/Year) SECOND TERM: From 10/2017 To 10/2020 (Month/Year) (Month/Year) IF OFFICER, OFFICE HELD: From To (Month/Year) (Month/Year) FIRST TERM: From 11/2013 To 10/2014 (Month/Year) (Month/Year) SECOND TERM: From 10/2018 To 10/2021 (Month/Year) (Month/Year)
ADDRESS: P. O. Box 271 CITY: Moreauville ZIP CODE: 71355 PHONE #: (318) 985-2179 AGE: 60+ (X) Yes OCCUPATION: Retired Assis NAME: Hammond (Last) ADDRESS: P. O. Box 8552 CITY: Alexandria ZIP CODE: 71306 PHONE #: (318) 443-9599	tant Principal		From 11/1/14 To 10/31/17 (Month/Year) (Month/Year) SECOND TERM: From 10/2017 To 10/2020 (Month/Year) (Month/Year) IF OFFICER, OFFICE HELD: From To (Month/Year) (Month/Year) FIRST TERM: From 11/2013 To 10/2014 (Month/Year) (Month/Year) SECOND TERM: From 10/2018 To 10/2021
ADDRESS: P. O. Box 271 CITY: Moreauville ZIP CODE: 71355 PHONE #: (318) 985-2179 AGE: 60+ (X) Yes OCCUPATION: Retired Assis NAME: Hammond (Last) ADDRESS: P. O. Box 8552 CITY: Alexandria ZIP CODE: 71306 PHONE #: (318) 443-9599 AGE: 60+ (X) Yes	tant Principal		From 11/1/14 To 10/31/17 (Month/Year) (Month/Year) SECOND TERM: From 10/2017 To 10/2020 (Month/Year) (Month/Year) IF OFFICER, OFFICE HELD: From To (Month/Year) (Month/Year) FIRST TERM: From 11/2013 To 10/2014 (Month/Year) (Month/Year) SECOND TERM: From 10/2018 To 10/2021 (Month/Year) (Month/Year)
ADDRESS: P. O. Box 271 CITY: Moreauville ZIP CODE: 71355 PHONE #: (318) 985-2179 AGE: 60+ (X) Yes OCCUPATION: Retired Assis NAME: Hammond (Last) ADDRESS: P. O. Box 8552 CITY: Alexandria ZIP CODE: 71306 PHONE #: (318) 443-9599	tant Principal		From 11/1/14 To 10/31/17 (Month/Year)
ADDRESS: P. O. Box 271 CITY: Moreauville ZIP CODE: 71355 PHONE #: (318) 985-2179 AGE: 60+ (X) Yes OCCUPATION: Retired Assis NAME: Hammond (Last) ADDRESS: P. O. Box 8552 CITY: Alexandria ZIP CODE: 71306 PHONE #: (318) 443-9599 AGE: 60+ (X) Yes	tant Principal		From 11/1/14 To 10/31/17 (Month/Year)

٠

.

NAME: McConnell	Tom		FIRST TERM:
(Last)	(First)	(M.I.)	From 11/2010 To 10/2013
			(Month/Year) (Month/Year)
			SECOND TERM:
CITY: Winnfield	and the second		From 11/1/13 To 10/31/16
ZIP CODE: 71483	entrementen de la composiçõe de la compo	india (Sepudania) di dia manana kao di mendidia di mendine dipadan mentro mendia didik didik di kecadan yanan	(Month/Year) (Month/Year) Subsequent TERM:
PHONE #: (318) 727-8212	2		
AGE: 60+ (X) Yes		From 10/2019 To 10/2022 (Month/Year)	
OCCUPATION: Retired - S			
	•		IF OFFICER, OFFICE HELD:
			Vice-President
			1st Term as VP
			From 10/2019 To 10/2020
			(Month/Year) (Month/Year)
NAME: McDonald	Frances		FIRST TERM: filling Brent Farley's unexpired term
(Last)	(First)	(M.I.)	From 02/2017 To 10/2018
			(Month/Year) (Month/Year)
ADDRESS: <u>1965 W. Br</u>			SECOND TERM:
CITY: Jena, LA			
ZIP CODE: 71342	n screenings of the tradition of the trade for the trade arrange of the trade of th		From 10/2018 To 10/2021
			(Month/Year) (Month/Year)
PHONE #: (318) 992-5985			
AGE: 60+ (X) Yes			IF OFFICER, OFFICE HELD:
OCCUPATION: retired			
			FromTo
			(Month/Year) (Month/Year)
NAME: Nichols	Billy		FIRST TERM:
NAME: Nichols (Last)	Billy (First)	(M.I.)	From 11/1/14 To 10/31/17
(Last)	(First)	(M.I.)	FIRST TERM: From 11/1/14 To 10/31/17 (Month/Year) (Month/Year)
(Last) ADDRESS: 684 Fletcher Lo	(First)	(M.I.)	FIRST TERM: From 11/1/14 To 10/31/17 (Month/Year) (Month/Year) SECOND TERM:
(Last) ADDRESS: 684 Fletcher Lo CITY: Montgomery	(First)		FIRST TERM: From 11/1/14 To 10/31/17 (Month/Year) (Month/Year) SECOND TERM: From 10/2017 To 10/2020
(Last) ADDRESS: 684 Fletcher Lo	(First)		FIRST TERM: From 11/1/14 To 10/31/17 (Month/Year) (Month/Year) SECOND TERM:
(Last) ADDRESS: 684 Fletcher Lo CITY: Montgomery	(First)		FIRST TERM: From 11/1/14 To 10/31/17 (Month/Year) (Month/Year) SECOND TERM: From 10/2017 To 10/2020
(Last) ADDRESS: 684 Fletcher Lo CITY: Montgomery	(First)		FIRST TERM: From 11/1/14 To 10/31/17
(Last) ADDRESS: 684 Fletcher Lo CITY: Montgomery	(First)		FIRST TERM: From 11/1/14 To 10/31/17
(Last) ADDRESS: 684 Fletcher Lo CITY: Montgomery ZIP CODE: 71454	(First)		FIRST TERM: From 11/1/14 To 10/31/17
(Last) ADDRESS: 684 Fletcher Lo CITY: Montgomery ZIP CODE: 71454 PHONE #: (318)646-8982	(First)		FIRST TERM: From 11/1/14 To 10/31/17
(Last) ADDRESS: 684 Fletcher Lo CITY: Montgomery ZIP CODE: 71454 PHONE #: (318)646-8982 AGE: 60+ (X) Yes	(First)		FIRST TERM: From 11/1/14 To 10/31/17
(Last) ADDRESS: 684 Fletcher Lo CITY: Montgomery ZIP CODE: 71454 PHONE #: (318)646-8982 AGE: 60+ (X) Yes OCCUPATION: Retired	(First)		FIRST TERM: From 11/1/14
(Last) ADDRESS: 684 Fletcher Lo CITY: Montgomery ZIP CODE: 71454 PHONE #: (318)646-8982 AGE: 60+ (X) Yes	(First) Op Gary		FIRST TERM: From 11/1/14 To 10/31/17
(Last) ADDRESS: 684 Fletcher Lo CITY: Montgomery ZIP CODE: 71454 PHONE #: (318)646-8982 AGE: 60+ (X) Yes OCCUPATION: Retired NAME: Odom	(First)		FIRST TERM: From 11/1/14
(Last) ADDRESS: 684 Fletcher Lo CITY: Montgomery ZIP CODE: 71454 PHONE #: (318)646-8982 AGE: 60+ (X) Yes OCCUPATION: Retired NAME: Odom	(First) Op Gary (First)		FIRST TERM: From 11/1/14
(Last) ADDRESS: 684 Fletcher Lo CITY: Montgomery ZIP CODE: 71454 PHONE #: (318)646-8982 AGE: 60+ (X) Yes OCCUPATION: Retired NAME: Odom (Last)	(First) Op Gary (First)		FIRST TERM: From 11/1/14
(Last) ADDRESS: 684 Fletcher Lo CITY: Montgomery ZIP CODE: 71454 PHONE #: (318)646-8982 AGE: 60+ (X) Yes OCCUPATION: Retired NAME: Odom (Last) ADDRESS: 146 Poole Road CITY: Jonesville	(First) Op Gary (First)		FIRST TERM: From 11/1/14 To 10/31/17 (Month/Year) (Month/Year) SECOND TERM: From 10/2017 To 10/2020 (Month/Year) (Month/Year) IF OFFICER, OFFICE HELD: From To (Month/Year) (Month/Year) FIRST TERM: From 11/1/13 To 10/31/16 (Month/Year) (Month/Year) Subsequent TERM:
(Last) ADDRESS: 684 Fletcher Lo CITY: Montgomery ZIP CODE: 71454 PHONE #: (318)646-8982 AGE: 60+ (X) Yes OCCUPATION: Retired NAME: Odom (Last) ADDRESS: 146 Poole Roac	(First) Op Gary (First)		FIRST TERM: From 11/1/14 To 10/31/17
(Last) ADDRESS: 684 Fletcher Lo CITY: Montgomery ZIP CODE: 71454 PHONE #: (318)646-8982 AGE: 60+ (X) Yes OCCUPATION: Retired NAME: Odom (Last) ADDRESS: 146 Poole Road CITY: Jonesville ZIP CODE: 71343	(First) Op Gary (First)		FIRST TERM: From 11/1/14 To 10/31/17
(Last) ADDRESS: 684 Fletcher Lo CITY: Montgomery ZIP CODE: 71454 PHONE #: (318)646-8982 AGE: 60+ (X) Yes OCCUPATION: Retired NAME: Odom (Last) ADDRESS: 146 Poole Road CITY: Jonesville ZIP CODE: 71343 PHONE #: (318) 403-0771	(First) Gary (First)		FIRST TERM: From 11/1/14 To 10/31/17
(Last) ADDRESS: 684 Fletcher Lo CITY: Montgomery ZIP CODE: 71454 PHONE #: (318)646-8982 AGE: 60+ (X) Yes OCCUPATION: Retired NAME: Odom (Last) ADDRESS: 146 Poole Road CITY: Jonesville ZIP CODE: 71343 PHONE #: (318) 403-0771 AGE: 60+ (X) Yes	(First) Gary (First)		FIRST TERM: From 11/1/14
(Last) ADDRESS: 684 Fletcher Lo CITY: Montgomery ZIP CODE: 71454 PHONE #: (318)646-8982 AGE: 60+ (X) Yes OCCUPATION: Retired NAME: Odom (Last) ADDRESS: 146 Poole Road CITY: Jonesville ZIP CODE: 71343 PHONE #: (318) 403-0771	(First) Gary (First)		FIRST TERM: From 11/1/14
(Last) ADDRESS: 684 Fletcher Lo CITY: Montgomery ZIP CODE: 71454 PHONE #: (318)646-8982 AGE: 60+ (X) Yes OCCUPATION: Retired NAME: Odom (Last) ADDRESS: 146 Poole Road CITY: Jonesville ZIP CODE: 71343 PHONE #: (318) 403-0771 AGE: 60+ (X) Yes	(First) Gary (First)		FIRST TERM: From 11/1/14

· e

Joanne		FIRST TERM:	
(First)	(M.I.)	From 11/1/13 To 10/31/16	
, ,	` '	(Month/Year) (Month/Year)	
		Subsequent TERM:	
		From 10/2019 To 10/2022	
- A-Ti-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A	nin market to the training was an experimental and an experimental and the second seco	(Month/Year) (Month/Year)	
	IF OFFICER, OFFICE HELD:		
	polici, com a comprehensa con ma manimum con control con con propried a constructivo de la construcción de l		
		FromTo	
		(Month/Year) (Month/Year)	
Billy	· · · · ·	FIRST TERM:	
(First)	(M.I.)	From 10/2018 To 10/2021	
· -	•	(Month/Year) (Month/Year)	
	essitte veringe entervering of the polythesis assistant as a second as a second assistant as a second as a second	SECOND TERM:	
	manufacture a silver	FromTo	
	er aus aus ribilité Métri en recent de manifertaire de la réprésentation	(Month/Year) (Month/Year)	
	St See See See See See See See See See S		
ım. (318) 758-6551 cell		IF OFFICER, OFFICE HELD:	
iii dillillii oo kalkiida dhaqdaa ka ah		Treasurer	
. Adm., Planning Commis	ssion for new hospital	1 st Term as Treasurer	
		From 10/2019 To 10/2020	
		(Month/Year) (Month/Year)	
Reniamin	l edale	FIRST TERM:	
		From 11/1/15 To 10/31/18	
(- //	,,	(Month/Year) (Month/Year)	
		SECOND TERM:	
		From 10/2018 To 10/2021	
		(Month/Year) (Month/Year)	
MMCCO Commission Commi	- College of the College College College College of the College Colleg		
		IF OFFICER, OFFICE HELD:	
		President	
Icator		1st Term as President	
\$WW(W-030)	-	From 10/2019 To 10/2020	
		(Month/Year) (Month/Year)	
		FIDET TERMS	
(Eirct)	(M : \	FIRST TERM:	
(First)	(M.I.)		
(First)	(M.I.)	From To (Month/Year)	
(First)	(M.I.)	From To (Month/Year) (Month/Year) SECOND TERM:	
(First)	(M.I.)	From To	
(First)	(M.I.)	From To (Month/Year) SECOND TERM:	
(First)	(M.I.)	From To (Month/Year) (Month/Year) SECOND TERM: From To (Month/Year) (Month/Year)	
(First)		From To	
(First)		From To (Month/Year) (Month/Year) SECOND TERM: From To (Month/Year) (Month/Year)	
(First)		From To (Month/Year) (Month/Year) SECOND TERM: From To (Month/Year) (Month/Year)	
	Billy (First) nm. (318) 758-6551 cell b. Adm., Planning Commis Benjamin (First)	Billy (First) (M.I.) nm. (318) 758-6551 cell b. Adm., Planning Commission for new hospital Benjamin Ledale (First) (M.I.)	

•

Charlene Osborne Program Monitor Governor's Office of Elderly Affairs PO Box 61 Baton Rouge, LA 70821-0061

Ashley Wimberley

From:

Joyce Thompson <joycethompson@cenlaaging.org>

Sent:

Friday, December 4, 2020 1:06 PM

To:

Ashley Wimberley

Subject:

Advisory Opinion

Attachments:

Cenla AAA Request for Advisory Opinion.pdf; Signed Oct. 2019 Board Roster.pdf

EXTERNAL EMAIL: Please do not click on links or attachments unless you know the content is safe.

Ashley-

Per our conversation, I have attached the letter requesting an Advisory Opinion and the Board Roster for 2019.

Thank you for your assistance.

Have a nice weekend!

Joyco Thompson

Executive Director Cenla Area Agency on Aging P.O. Box 13027 Alexandria, LA 71315 (318) 484-2260; (800) 454-9573

Fax: (318) 484-2266